

**PRETREATMENT MONITORING REPORT**

AUG 21 2008

NAME: Abuelito Cheese

MAILING ADDRESS: 607-609 Main Street Paterson N.J.

FACILITY LOCATION: 607-609 Main Street Paterson N.J.

CATEGORY & SUBPART: \_\_\_\_\_ OUTLET #: 1

CONTACT OFFICIAL: Carol Paiz TELEPHONE: 973-345-3503

NEW CUSTOMER ID / OUTLET ID: 27220056-1

OLD OUTLET DESIGNATION: \_\_\_\_\_

MONITORING PERIOD					
Start			End		
07	01	08	07	31	08
MO	DAY	YR	MO	DAY	YR

	Average	Maximum
Regulated Flow-gal/day		
Total Flow-gal/day	7214	7935

Method Used: Ending meter reading less beginning meter reading multiplied by 7.48 divided by 27 days

27412 x 7.48x.95 divided by 27 Days

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement	<0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.080		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.00284		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	<0.0005		Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	<0.004		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.075		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)



## Abuelito Cheese Process Water Meter Reading

06/01/08 starting water meter reading 442540 cu/ft

06/30/08 ending meter reading 469952 cu/ft

469952

442540

27412 cu/ft

27412cu/ft x 7.48=205041 x.95=194789 total gallons for  
the month of july

194789 divided by 27 days= 7214 gallons per day



CUSTOMER		REPORTING INFO	
Company:	Abuelito Cheese	REPORT TO:	HANOVER CONTROLS
Address:	607 MAIN ST.	Address:	11 WINDSOR WAY
	PATERSON NJ		E HANOVER NJ
Telephone #:		Attn:	
Fax #:		FAX #	E-MAIL
Project Manager:		INVOICE TO:	SAME
Sampler:		Address:	
Project Name:	AVSC DISC		
Project Location (State):			
Bottle Order #:		Attn:	
Quote #:		PO #	

<p><b>Turnaround Time</b> (starts the following day if samples rec'd at lab &gt; 5PM)</p> <p>* Lab notification is required for RUSH TAT prior to sample arrival. <b>RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. ** RUSH SURCHARGES WILL APPLY IF ABLE TO ACCOMMODATE.</b></p>				
<p><b>PHC- MUST CHOOSE</b></p> <p>DRO (3-5 day TAT)</p> <p>SEE BELOW (under comments section for explanation)</p> <p><u>Verbal/Fax</u> 24 hr* 48 hr* 72 hr* 1 wk* 2 wk/Std 3 wk/Std</p> <p><u>Hard Copy</u></p> <p>Other *call for price</p>	<p>QAM025 (5 day TAT min.)</p> <p><b>Results needed by:</b></p> <p>24 hr - 100% ... 48 hr - 75% ... 72 hr - 50% ... 96 hr - 35% ... 5 day - 25% ... 6-9 day 10%</p>	<p><b>Rush TAT Charge **</b></p>	<p><b>Report Format</b></p> <p>Results Only Reduced Regulatory - 15% Surcharge applies Other (describe)</p>	<p><b>DISKETTE</b></p> <p>SRP. dbf format SRP. wkl format lab approved custom EDD NO DISK/CD REQ'D</p>

ANALYTICAL PARAMETERS		Cooler Temp _____ °C		# BOTTLES & PRESERVATIVES	
				HCl	
				NaOH	
				HNO <sub>3</sub>	
				H <sub>2</sub> SO <sub>4</sub>	
				MeOH	
				Other	
				None	
				Encore	

Known Hazard:	Yes or No	Describe:	Conc. Expected:			MDL Req:	Other (See Comments)
			Low	Med	High		
Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any							
Old GWQS - 11/05 GWQS SCC - Other							

Signature/Company	Date	Time	Signature/Company
Relinquished by: <i>John Cerepach</i>	<i>2/15</i>	<i>1</i>	Received by: <i>[Signature]</i>
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

DRO (8015B) - used for: Fuel Oil #2/Home Heating Oil #1 /#2  
QAM-025 (OQA-QAM025) - used for: all other fuel oils and unknown contamination

Lab Case # 8056

PAGE: 1 of 1



## ANALYTICAL DATA REPORT

for  
Abuelito Cheese  
607 Main Street  
Paterson, NJ 07503

Project Name: PVSC DISC  
Lab Case Number: E08-08056

MDL = METHOD DETECTION LIMIT

## Metals

Lab ID: 08056-001

Client ID: PROCESS

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 7/15/2008

Time Sampled: 12:00

Date Analyzed: 7/16/08

Parameter	Result	Q	MDL
Cadmium	ND		0.001
Copper	0.080		0.008
Lead	0.00284		0.002
Mercury	ND		0.0005
Nickel	ND		0.004
Zinc	0.075		0.008

## General Analytical

Lab ID: 08056-001

Client ID: PROCESS

Percent Moisture: 100

Date Sampled: 7/15/2008

Time Sampled: 12:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	2360	2.00	Aqueous-mg/L	7/16/2008 8:00
Total Suspended Solids	1890	125	Aqueous-mg/L	7/16/2008 15:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

*Michael H. Leftin*  
Michael H. Leftin, Ph.D.  
Laboratory Director

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Randolph, NJ 07869  
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IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program